

AN ORDINANCE **101569**

AUTHORIZING THE EXECUTION OF A CONTRACT CHANGE TOTALING \$189,472.00 FROM THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (TDSHS) TO RENEW SUPPORT FOR THE TUBERCULOSIS PREVENTION AND CONTROL PROGRAM OF THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT (SAMHD) FOR THE PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006; ADOPTING THE PROGRAM BUDGET; APPROVING THE PERSONNEL COMPLEMENT; AND AUTHORIZING PAYMENTS FOR CONTRACTUAL SERVICES.

* * * * *

WHEREAS, the Texas Department of State Health Services (TDSHS) provides annual financial assistance to the San Antonio Metropolitan Health District (SAMHD) to supplement the delivery of various comprehensive public health services to protect the health of all residents within the jurisdiction of the District; and

WHEREAS, Ordinance 100270, passed and approved on January 13, 2005, authorized the execution of Contract 7460020708 2006 between the City of San Antonio and TDSHS covering operation of the Public Health State Support Project 2005/2006 of the SAMHD; and

WHEREAS, TDSHS has now offered \$189,472.00 to renew support for the ongoing Tuberculosis Prevention and Control Program of the SAMHD through Contract Change Notice No. 08, Attachment No. 09, to the above contract for the period September 1, 2005 through August 31, 2006; and

WHEREAS, it is now necessary to authorize the acceptance of the support from TDSHS, approve the execution of the contract change notice, adopt the program budget, approve the personnel complement, and authorize payments for contractual services; **NOW THEREFORE**:

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:

SECTION 1. The City Manager, or his designee, is authorized to accept and execute Contract Change Notice No. 08, Attachment No. 09 to Grant Contract 7460020708 2006, with TDSHS, providing \$189,472.00 to renew support for the ongoing Tuberculosis Prevention and Control Program in the SAMHD for the period September 1, 2005 through August 31, 2006. A copy of Contract Change Notice No. 08 is attached hereto and incorporated herein for all purposes as Attachment I.

SECTION 2. Fund 26016000, Fund Center 3607040000, Cost Center 3607040002, Internal Order 136000000288 entitled "2005-06 Special TB Outreach Program", is hereby designated for use in accounting for the fiscal transactions of this program.

SECTION 3. The sum of \$189,472.00 is hereby appropriated in the above-designated fund, GL Account No. 4501110, Grants from State Agencies – Operating, and the budget set out in Attachment II is approved and adopted for entry on the City books.

SECTION 4. Payments in an aggregate amount not to exceed \$4,950.00 are hereby authorized for x-ray interpretation services at the SAMHD Tuberculosis Clinic during the period September 1, 2005 through August 31, 2006. These payments will be made from Fund 26016000, Cost Center 3607040002, Internal Order 136000000288, GL 5201040, Fees to Professional Contractors, on a fee-for-service basis.

SECTION 5. The five (5) personnel positions set out in Attachment II and incorporated herein are authorized for the activity shown thereon.

SECTION 6. The Director of Finance may, subject to concurrence by the City Manager or the City Manager's designee, correct allocation to specific fund numbers, internal order numbers, and SAP GL numbers as necessary to carry out the purpose of this ordinance.

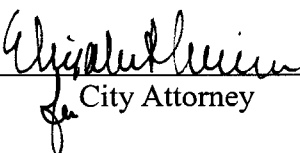
SECTION 7. Should the grant awarded be in an amount other than that budgeted for, or should the grant contain terms and conditions different than those currently existing, acceptance of the grant, budget and corresponding personnel complement will be subject to subsequent City Council ordinance.

SECTION 8. This ordinance shall be effective on and after October 30, 2005.

PASSED AND APPROVED this 20th day of October, 2005.


M A Y O R
PHIL HARDBERGER

ATTEST: 
City Clerk

APPROVED AS TO FORM: 
City Attorney

ATTACHMENT I
Public Health State Support Project 2005-2006 (State)
Fund 26016000
Fund Center 3607040000
TDSHS Contract No. 7460020708 2006

<u>ESTIMATED REVENUES</u>	<u>GL</u>	<u>CURRENT BUDGET</u>
Attachment #09	4501110	189,472
Total Estimated Revenues	\$	<u>189,472</u>

APPROPRIATIONS

Special TB Outreach Program

Activity: 36-07-04 09/01/05 to 08/31/06

Cost Center 3607040002

Internal Order 136000000288

Regular Salaries & Wages	5101010	\$	119,433
Language Skill Pay	5101050		1,500
Retirement Benefits - Soc. Sec.	5103005		9,137
Life Insurance	5103010		91
Personal Leave Buy Back Pay	5103035		320
Retirement Benefits - TMRS	5105010		1,138
Fees to Professional Contractors	5201040		4,950
Rent of City Motor Pool	5208020		11,997
Office Supplies	5302010		475
Chemicals, Medical and Drugs	5304040		600
X-Ray Supplies	5304045		950
ADP Services	5403520		1,080
Workers' Disability Compensation	5405020		500
Flexible Benefits Contribution	5405040		13,000
Indirect Costs	5406530		10,570
Total 36-07-04	\$		<u>175,740</u>

PERSONNEL COMPLEMENT:

	PREVIOUS POSITIONS	ADD (DEDUCT)	REVISED POSITIONS
Activity: 36-07-04			
Cost Center 3607040002			
Internal Order 136000000288			
0242 X-ray Technican	1	(1)	0
0244 Senior Public Health Nurse	1	1	2
0261 Senior Public Health Physician (.50 FTE)	0	1	1
0267 Licensed Vocational Nurse	1	(1)	0
0282 Health Program Specialist	0	1	1
0918 Program Manager	1	0	1
Total 36-07-04:	<u>4</u>	<u>1</u>	<u>5</u>



ATTACHMENT I

**DEPARTMENT OF STATE HEALTH SERVICES
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199**

STATE OF TEXAS

DSHS Document No. 7460020708 2006

COUNTY OF TRAVIS

Contract Change Notice No. 08

The Department of State Health Services, hereinafter referred to as RECEIVING AGENCY, did heretofore enter into a contract in writing with SAN ANTONIO METROPOLITAN HEALTH DISTRICT hereinafter referred to as PERFORMING AGENCY. The parties thereto now desire to amend such contract attachment(s) as follows:

SUMMARY OF TRANSACTION:

ATT NO. 09 : TB - PREVENTION AND CONTROL

All terms and conditions not hereby amended remain in full force and effect.

EXECUTED IN DUPLICATE ORIGINALS ON THE DATES SHOWN.

Authorized Contracting Entity (type above if different from PERFORMING AGENCY) for and in behalf of:

PERFORMING AGENCY:

SAN ANTONIO METROPOLITAN HEALTH DISTRICT

RECEIVING AGENCY :

DEPARTMENT OF STATE HEALTH SERVICES

By: _____
(Signature of person authorized to sign)

(Name and Title)

By: _____
(Signature of person authorized to sign)

Bob Burnette, Director
Client Services Contracting Unit

(Name and Title)

Date: _____

Date: _____

RECOMMENDED:

By: _____
(PERFORMING AGENCY Director, if different from person authorized to sign contract)

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DETAILS OF ATTACHMENTS

Att/ Amd No.	DSHS Program ID/ DSHS Purchase Order Number	Term		Financial Assistance		Direct Assistance	Total Amount (DSHS Share)
		Begin	End	Source of Funds*	Amount		
01	HIV/PREV 0000301959	01/01/05	12/31/05	93.940	232,350.00	0.00	232,350.00
03	STD/HIV 0000302392	01/01/05	12/31/05	93.940 93.977	321,254.00	0.00	321,254.00
04	TB/PC 0000302377	01/01/05	12/31/05	93.116	356,700.00	0.00	356,700.00
05	HIV/SURV 0000303156	01/01/05	12/31/05	93.944	123,869.00	0.00	123,869.00
06	DIAB/CDSP 0000306306	04/01/05	03/29/06	93.988	90,000.00	0.00	90,000.00
07	RLSS/LPHS	09/01/05	02/28/06		152,888.00	0.00	152,888.00
08	EPI/LEAD 0000307363	07/01/05	06/30/06	93.262	35,520.00	0.00	35,520.00
09	TB/PC 0000309488	09/01/05	08/31/06	State	189,472.00	0.00	189,472.00
DSHS Document No.7460020708 2006 Change No. 08					Totals	\$ 0.00	\$1,502,053.00

*Federal funds are indicated by a number from the Catalog of Federal Domestic Assistance (CFDA), if applicable. REFER TO BUDGET SECTION OF ANY ZERO AMOUNT ATTACHMENT FOR DETAILS.

DOCUMENT NO. 7460020708-2006
ATTACHMENT NO. 09
PURCHASE ORDER NO. 0000309488

PERFORMING AGENCY: SAN ANTONIO METROPOLITAN HEALTH DISTRICT

RECEIVING AGENCY PROGRAM: INFECTIOUS DISEASE INTERVENTION AND
CONTROL BRANCH

TERM: September 01, 2005 THRU: August 31, 2006

SECTION I. SCOPE OF WORK:

PERFORMING AGENCY shall develop and provide (1) basic services and associated activities for tuberculosis (TB) prevention and control and (2) expanded outreach services to individuals of identified special populations who have TB or who are at high risk of developing TB throughout PERFORMING AGENCY'S defined service area of Bexar..

PERFORMING AGENCY shall perform the following activities:

Provide basic and expanded outreach services in compliance with RECEIVING AGENCY Program's most current version of the Standards of Performance and the following series of American Thoracic Society (ATS) and the Centers for Disease Control and Prevention (CDC) "Joint Statements" on diagnosis, treatment and control of TB.

1. Diagnostic Standards and Classification of Tuberculosis in Adults and Children, (American Journal of Respiratory and Critical Care Medicine, Vol. 161, pp. 1376-1395, 2000);
2. Treatment of Tuberculosis, (ATS/CDC/IDSA), 2003. Publication can be located at web site www.cdc.gov/nchstp/tb/pubs/mmwrhtml/maj_guide.htm
3. Control of Tuberculosis (American Review Respiratory Disease, Vol. 146, pp. 1623-33, 1992);
4. Targeted Tuberculin Testing and Treatment of Latent TB Infection, MMWR, Vol. 49, No. RR-6, 2000; and
5. Updated: Adverse Event Data and Revised American Thoracic Society/CDC Recommendations Against the Use of Rifampin and Pyrazinamide for Treatment of Latent Tuberculosis Infection – United States, 2003, MMWR 52 (No. 31).

PERFORMING AGENCY shall comply with all applicable federal and state laws, rules, regulations, standards and guidelines including, but not limited to the following:

1. Texas Tuberculosis Code, Health and Safety Code, Chapter 13, subchapter B;

2. Communicable Disease Prevention and Control Act, Health and Safety Code, Chapter 81;
3. Screening and Treatment for Tuberculosis in Jails and Other Correctional Facilities, Health and Safety Code, Chapter 89;
4. Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter H Tuberculosis Screening for Jails and Other Correctional Facilities;
5. Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter A Control of Communicable Diseases; and
6. RECEIVING AGENCY'S Standards for Public Health Clinic Services, Revised August 31, 2004.

PERFORMING AGENCY shall perform all activities in accordance with PERFORMING AGENCY'S objectives, work plans, and detailed budget as approved by RECEIVING AGENCY Program. All of the above named documents are incorporated by reference and made part of this contract Attachment. RECEIVING AGENCY'S Program must approve, in writing, any revisions to these documents.

Within thirty (30) days of receipt of an amended standard(s) or guideline(s), PERFORMING AGENCY shall inform RECEIVING AGENCY'S Program, in writing, if it will not continue performance under this contract Attachment in compliance with the amended standard(s) or guideline(s). RECEIVING AGENCY may terminate the contract Attachment immediately or within a reasonable period-of-time as determined by RECEIVING AGENCY.

RECEIVING AGENCY reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls. RECEIVING AGENCY'S Program will monitor PERFORMING AGENCY'S expenditures on a quarterly basis. If expenditures are below that projected in PERFORMING AGENCY'S total contract amount, as shown in SECTION III. BUDGET, PERFORMING AGENCY'S budget may be subject to a decrease for the remainder of the contract Attachment term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

PERFORMING AGENCY'S approved service delivery plan shall meet or exceed RECEIVING AGENCY Program's Standard of Performance in the following areas:

1. Management of TB cases and suspects with emphasis on provision of directly observed therapy (DOT);
2. Management of contacts to known or suspected cases of tuberculosis;
3. Management of patients on treatment of latent TB infection (LTBI);
4. Surveillance to identify unreported individuals with LTBI and TB disease as well as reporting of all TB cases, suspects, and contacts;
5. Infection control procedures;
6. Targeted testing of high risk groups;
7. Professional education and training for new TB staff and continuing education for current staff;

8. Patient and provider communication as it relates to limited English proficient (LEP) clients; and
9. Quality assurance.

PERFORMANCE MEASURES:

The following outcome performance measures will be used to assess, in part, PERFORMING AGENCY'S effectiveness in providing the services described in this contract Attachment, without waiving the enforceability of any of the other terms of the contract.

1. 90% of cases and suspects under treatment are on DOT.
2. 92% of eligible TB cases complete a course of curative TB treatment within twelve (12) months of initiation of treatment;
3. 92% of TB patients with initial positive cultures are tested for and have drug susceptibility results documented in their medical record;
4. 90% of smear positive TB cases reported in 2005 have at least one (1) contact identified;
5. 70% of identified contacts to smear positive TB cases reported in 2005 shall be evaluated for TB infection or disease;
6. 61% of infected contacts (to smear positive cases reported in 2005) who are started on treatment for LTBI shall complete therapy;
7. The rate for U.S.-born African Americans will not exceed fifteen (15) TB cases per 100,000 population in PERFORMING AGENCY'S defined service area;
8. 81% of adults (age >14) with TB disease who are tested for HIV; and
9. Required variables reported on TB-400A, TB-400B, TB-340, and TB-341 forms shall be 95% complete at time of initial report and time of closure report.

RECEIVING AGENCY Program shall calculate performance measures based on the information maintained in databases kept at RECEIVING AGENCY'S Program, through limited scope audits or inspections, and scheduled program reviews of PERFORMING AGENCY.

PERFORMING AGENCY shall provide a narrative program report on their performance goals, objectives, and screening activities annually. The narrative report shall be sent either electronically or mailed to RECEIVING AGENCY'S Program at the Department of State Health Services, Infectious Disease Intervention and Control Branch, Mail Code 1939, 1100 West 49th Street, Austin, Texas 78756-3199. PERFORMING AGENCY shall maintain the documentation used to calculate outcome performance measures. Report period and due date is as follows:

PERIOD COVERED	DUE DATE
January 2005 – December 2005	March 1, 2006

RECEIVING AGENCY'S Program shall provide administrative and technical assistance for the implementation and operation of the service delivery plan.

SECTION II. SPECIAL PROVISIONS:

General Provisions, **Reports** Article, is revised to include the following:

PERFORMING AGENCY shall develop and submit a service delivery plan and detailed budget justification for continuation of this contract Attachment during the next fiscal year. The plan and budget shall be prepared in the format approved by RECEIVING AGENCY'S Program; one (1) copy shall be submitted to RECEIVING AGENCY'S Program, and one (1) copy shall be submitted to the Regional Director, upon request from RECEIVING AGENCY'S Program. The plan shall describe PERFORMING AGENCY'S service delivery and activities toward meeting the objectives outlined in SECTION I. SCOPE OF WORK above, including updated outcome performance measure targets and a detailed line item budget justification.

PERFORMING AGENCY shall mail all initial reports of confirmed TB cases, and suspected TB cases to RECEIVING AGENCY'S Program within seven (7) working days of identification or notification. Any updates to initial RECEIVING AGENCY'S Report of Cases and Patient Services Form (TB-400) (e.g., diagnosis, medication changes, x-rays, and bacteriology) and case closures shall be mailed to RECEIVING AGENCY'S Program.

PERFORMING AGENCY shall mail reports of contacts on all class 3 TB cases and smear positive class 5 TB suspects within thirty (30) days of identification using RECEIVING AGENCY'S Report of Contacts Form (TB-340). All subsequent contacts shall be mailed as contacts are identified. Refer to the most current version of RECEIVING AGENCY'S Programs Standard of Performance for scheduling of reporting dates.

One (1) copy of each quarterly Financial Status Report, State of Texas Supplemental Form 269A, shall also be submitted to RECEIVING AGENCY Program. Copies shall be mailed to the Department of State Health Services, Attention: Infectious Disease Control Branch, Mail Code 1939, 1100 West 49th Street, Austin, Texas 78756. Report periods and due dates are as follows:

PERIOD COVERED	DUE DATE
September, October, November	December 31, 2005
December, January, February	March 31, 2006
March, April, May	June 30, 2006
June, July, August	September 30, 2006

General Provisions, **Funding** Article, is revised to include the following:

Funding from this Attachment shall not be used to supplant (i.e., used in place of funds dedicated, appropriated or expended for activities funded through this contract Attachment) state or local funds, but PERFORMING AGENCY shall use such funds to increase state or local funds currently available for a particular activity. PERFORMING AGENCY shall maintain local funding at a sufficient rate to support the local program. If the total cost of the

project is greater than RECEIVING AGENCY'S Program share set out in SECTION III. BUDGET, PERFORMING AGENCY shall obtain funds for the remaining costs in order to accomplish the objectives set forth in this contract Attachment.

General Provisions, **Program Income** Article, is revised to include the following:

All revenue directly generated by this contract Attachment or earned as a result of this contract Attachment during the term of this contract Attachment is considered program income, including income generated through Medicaid billings for TB related clinic services. PERFORMING AGENCY may use the program income, excluding program income earned from Medicaid billings for TB drugs, to further the scope of work detailed in this contract Attachment. This program income may not be used to take the place of existing local, state, or federal program funds.

Program income earned from Medicaid billings for TB drugs, which have been provided by RECEIVING AGENCY to PERFORMING AGENCY, must be reported, and reimbursed to RECEIVING AGENCY on a quarterly basis as follows:

PERIOD COVERED	DUE DATE
September, October, November	December 31, 2005
December, January, February	March 31, 2006
March, April, May	June 30, 2006
June, July, August	September 30, 2006

RECEIVING AGENCY'S Program has provided PERFORMING AGENCY with the format to be used for reporting. All reimbursements from PERFORMING AGENCY shall be mailed to: Department of State Health Services, Attention: Accounting Section/Claims Processing Unit, 1100 West 49th Street, Austin, Texas 78756-3199.

A final settlement of the reimbursements to RECEIVING AGENCY for TB drugs will be completed no later than ninety (90) days after the contract Attachment term.

SECTION III. BUDGET:

PERSONNEL	\$129,942.00
FRINGE BENEFITS	26,552.00
TRAVEL	14,503.00
EQUIPMENT	0.00
SUPPLIES	2,025.00
CONTRACTUAL	4,950.00
OTHER	0.00
 TOTAL DIRECT CHARGES	 \$177,972.00
INDIRECT CHARGES	\$11,500.00
TOTAL	\$189,472.00

Total reimbursements will not exceed \$189,472.00.

Financial status reports are due the 30th of December, 30th of March, 30th of June, and the 30th of November.

The negotiated indirect cost shown above is less than PERFORMING AGENCY'S current indirect cost rate on file at the RECEIVING AGENCY and subject to review by RECEIVING AGENCY fiscal monitors. Indirect charges to this contract may not exceed the amount shown above, except by prior written approval of RECEIVING AGENCY.

CERTIFICATION REGARDING LOBBYING
CERTIFICATION FOR CONTRACTS, GRANTS,
LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-111, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Date

Print Name of Authorized Individual

7460020708 2006-09

Application or Contract Number

SAN ANTONIO METROPOLITAN HEALTH DISTRICT

Organization Name and Address

332 W COMMERCE ST STE 307

SAN ANTONIO, TX 78205-2489

ATTACHMENT II
Public Health State Support Project 2005-2006 (State)
Fund 26016000
Fund Center 3607040000
TDSHS Contract No. 7460020708 2006

<u>ESTIMATED REVENUES</u>	<u>GL</u>	<u>CURRENT BUDGET</u>
Attachment #09	4501110	189,472
Total Estimated Revenues	\$	<u>189,472</u>

APPROPRIATIONS

Special TB Outreach Program

Activity: 36-07-04 09/01/05 to 08/31/06

Cost Center 3607040002

Internal Order 136000000288

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Internal Order 136000000288			
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0261 Senior Public Health Physician (.50 FTE)	0	1	1
0267 Licensed Vocational Nurse	1	(1)	0
0282 Health Program Specialist	0	1	1
0918 Program Manager	1	0	1
Total 36-07-04:	<u>4</u>	<u>1</u>	<u>5</u>



ATTACHMENT II

DEPARTMENT OF STATE HEALTH SERVICES
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

STATE OF TEXAS

DSHS Document No. 7460020708 2006

COUNTY OF TRAVIS

Contract Change Notice No. 08

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SUMMARY OF TRANSACTION:

ATT NO. 09 : TB - PREVENTION AND CONTROL

All terms and conditions not hereby amended remain in full force and effect.

EXECUTED IN DUPLICATE ORIGINALS ON THE DATES SHOWN.

Authorized Contracting Entity (type above if different from PERFORMING AGENCY) for and in behalf of:

PERFORMING AGENCY:

SAN ANTONIO METROPOLITAN HEALTH DISTRICT

By: _____
(Signature of person authorized to sign)

(Name and Title)

Date: _____

RECOMMENDED:

By: _____
(PERFORMING AGENCY Director, if different from person authorized to sign contract)

RECEIVING AGENCY :

DEPARTMENT OF STATE HEALTH SERVICES

By: _____
(Signature of person authorized to sign)

Bob Burnette, Director
Client Services Contracting Unit

(Name and Title)

Date: _____

PF CSCU - Rev. 6/05

DETAILS OF ATTACHMENTS

Att/ Amd No.	DSHS Program ID/ DSHS Purchase Order Number	Term		Financial Assistance		Direct Assistance	Total Amount (DSHS Share)
		Begin	End	Source of Funds*	Amount		
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07	RLSS/LPHS	09/01/05	02/28/06		152,888.00	0.00	152,888.00
08	EPI/LEAD 0000307363	07/01/05	06/30/06	93.262	35,520.00	0.00	35,520.00
09	TB/PC 0000309488	09/01/05	08/31/06	State	189,472.00	0.00	189,472.00
DSHS Document No.7460020708 2006 Change No. 08					Totals	\$ 0.00	\$1,502,053.00

*Federal funds are indicated by a number from the Catalog of Federal Domestic Assistance (CFDA), if applicable. REFER TO BUDGET SECTION OF ANY ZERO AMOUNT ATTACHMENT FOR DETAILS.

DOCUMENT NO. 7460020708-2006
ATTACHMENT NO. 09
PURCHASE ORDER NO. 0000309488

PERFORMING AGENCY: SAN ANTONIO METROPOLITAN HEALTH DISTRICT

RECEIVING AGENCY PROGRAM: INFECTIOUS DISEASE INTERVENTION AND
CONTROL BRANCH

TERM: September 01, 2005 THRU: August 31, 2006

SECTION I. SCOPE OF WORK:

PERFORMING AGENCY shall develop and provide (1) basic services and associated activities for tuberculosis (TB) prevention and control and (2) expanded outreach services to individuals of identified special populations who have TB or who are at high risk of developing TB throughout PERFORMING AGENCY'S defined service area of Bexar..

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2. Treatment of Tuberculosis, (ATS/CDC/IDSA), 2003. Publication can be located at web site www.cdc.gov/nchstp/tb/pubs/mmwrhtml/maj_guide.htm
3. Control of Tuberculosis (American Review Respiratory Disease, Vol. 146, pp. 1623-33, 1992);
4. Targeted Tuberculin Testing and Treatment of Latent TB Infection, MMWR, Vol. 49, No. RR-6, 2000; and
5. Updated: Adverse Event Data and Revised American Thoracic Society/CDC Recommendations Against the Use of Rifampin and Pyrazinamide for Treatment of Latent Tuberculosis Infection – United States, 2003, MMWR 52 (No. 31).

PERFORMING AGENCY shall comply with all applicable federal and state laws, rules, regulations, standards and guidelines including, but not limited to the following:

1. Texas Tuberculosis Code, Health and Safety Code, Chapter 13, subchapter B;

2. Communicable Disease Prevention and Control Act, Health and Safety Code, Chapter 81;
3. Screening and Treatment for Tuberculosis in Jails and Other Correctional Facilities, Health and Safety Code, Chapter 89;
4. Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter H Tuberculosis Screening for Jails and Other Correctional Facilities;
5. Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter A Control of Communicable Diseases; and
6. RECEIVING AGENCY'S Standards for Public Health Clinic Services, Revised August 31, 2004.

PERFORMING AGENCY shall perform all activities in accordance with PERFORMING AGENCY'S objectives, work plans, and detailed budget as approved by RECEIVING AGENCY Program. All of the above named documents are incorporated by reference and made part of this contract Attachment. RECEIVING AGENCY'S Program must approve, in writing, any revisions to these documents.

Within thirty (30) days of receipt of an amended standard(s) or guideline(s), PERFORMING AGENCY shall inform RECEIVING AGENCY'S Program, in writing, if it will not continue performance under this contract Attachment in compliance with the amended standard(s) or guideline(s). RECEIVING AGENCY may terminate the contract Attachment immediately or within a reasonable period-of-time as determined by RECEIVING AGENCY.

RECEIVING AGENCY reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls. RECEIVING AGENCY'S Program will monitor PERFORMING AGENCY'S expenditures on a quarterly basis. If expenditures are below that projected in PERFORMING AGENCY'S total contract amount, as shown in SECTION III. BUDGET, PERFORMING AGENCY'S budget may be subject to a decrease for the remainder of the contract Attachment term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

PERFORMING AGENCY'S approved service delivery plan shall meet or exceed RECEIVING AGENCY Program's Standard of Performance in the following areas:

1. Management of TB cases and suspects with emphasis on provision of directly observed therapy (DOT);
2. Management of contacts to known or suspected cases of tuberculosis;
3. Management of patients on treatment of latent TB infection (LTBI);
4. Surveillance to identify unreported individuals with LTBI and TB disease as well as reporting of all TB cases, suspects, and contacts;
5. Infection control procedures;
6. Targeted testing of high risk groups;
7. Professional education and training for new TB staff and continuing education for current staff;

8. Patient and provider communication as it relates to limited English proficient (LEP) clients; and
9. Quality assurance.

PERFORMANCE MEASURES:

The following outcome performance measures will be used to assess, in part, PERFORMING AGENCY'S effectiveness in providing the services described in this contract Attachment, without waiving the enforceability of any of the other terms of the contract.

1. 90% of cases and suspects under treatment are on DOT.
2. 92% of eligible TB cases complete a course of curative TB treatment within twelve (12) months of initiation of treatment;
3. 92% of TB patients with initial positive cultures are tested for and have drug susceptibility results documented in their medical record;
4. 90% of smear positive TB cases reported in 2005 have at least one (1) contact identified;
5. 70% of identified contacts to smear positive TB cases reported in 2005 shall be evaluated for TB infection or disease;
6. 61% of infected contacts (to smear positive cases reported in 2005) who are started on treatment for LTBI shall complete therapy;
7. The rate for U.S.-born African Americans will not exceed fifteen (15) TB cases per 100,000 population in PERFORMING AGENCY'S defined service area;
8. 81% of adults (age >14) with TB disease who are tested for HIV; and
9. Required variables reported on TB-400A, TB-400B, TB-340, and TB-341 forms shall be 95% complete at time of initial report and time of closure report.

RECEIVING AGENCY Program shall calculate performance measures based on the information maintained in databases kept at RECEIVING AGENCY'S Program, through limited scope audits or inspections, and scheduled program reviews of PERFORMING AGENCY.

PERFORMING AGENCY shall provide a narrative program report on their performance goals, objectives, and screening activities annually. The narrative report shall be sent either electronically or mailed to RECEIVING AGENCY'S Program at the Department of State Health Services, Infectious Disease Intervention and Control Branch, Mail Code 1939, 1100 West 49th Street, Austin, Texas 78756-3199. PERFORMING AGENCY shall maintain the documentation used to calculate outcome performance measures. Report period and due date is as follows:

PERIOD COVERED	DUE DATE
January 2005 – December 2005	March 1, 2006

RECEIVING AGENCY'S Program shall provide administrative and technical assistance for the implementation and operation of the service delivery plan.

SECTION II. SPECIAL PROVISIONS:

General Provisions, **Reports** Article, is revised to include the following:

PERFORMING AGENCY shall develop and submit a service delivery plan and detailed budget justification for continuation of this contract Attachment during the next fiscal year. The plan and budget shall be prepared in the format approved by RECEIVING AGENCY'S Program; one (1) copy shall be submitted to RECEIVING AGENCY'S Program, and one (1) copy shall be submitted to the Regional Director, upon request from RECEIVING AGENCY'S Program. The plan shall describe PERFORMING AGENCY'S service delivery and activities toward meeting the objectives outlined in SECTION I. SCOPE OF WORK above, including updated outcome performance measure targets and a detailed line item budget justification.

PERFORMING AGENCY shall mail all initial reports of confirmed TB cases, and suspected TB cases to RECEIVING AGENCY'S Program within seven (7) working days of identification or notification. Any updates to initial RECEIVING AGENCY'S Report of Cases and Patient Services Form (TB-400) (e.g., diagnosis, medication changes, x-rays, and bacteriology) and case closures shall be mailed to RECEIVING AGENCY'S Program.

PERFORMING AGENCY shall mail reports of contacts on all class 3 TB cases and smear positive class 5 TB suspects within thirty (30) days of identification using RECEIVING AGENCY'S Report of Contacts Form (TB-340). All subsequent contacts shall be mailed as contacts are identified. Refer to the most current version of RECEIVING AGENCY'S Programs Standard of Performance for scheduling of reporting dates.

One (1) copy of each quarterly Financial Status Report, State of Texas Supplemental Form 269A, shall also be submitted to RECEIVING AGENCY Program. Copies shall be mailed to the Department of State Health Services, Attention: Infectious Disease Control Branch, Mail Code 1939, 1100 West 49th Street, Austin, Texas 78756. Report periods and due dates are as follows:

PERIOD COVERED	DUE DATE
September, October, November	December 31, 2005
December, January, February	March 31, 2006
March, April, May	June 30, 2006
June, July, August	September 30, 2006

General Provisions, **Funding** Article, is revised to include the following:

Funding from this Attachment shall not be used to supplant (i.e., used in place of funds dedicated, appropriated or expended for activities funded through this contract Attachment) state or local funds, but PERFORMING AGENCY shall use such funds to increase state or local funds currently available for a particular activity. PERFORMING AGENCY shall maintain local funding at a sufficient rate to support the local program. If the total cost of the

project is greater than RECEIVING AGENCY'S Program share set out in SECTION III. BUDGET, PERFORMING AGENCY shall obtain funds for the remaining costs in order to accomplish the objectives set forth in this contract Attachment.

General Provisions, **Program Income** Article, is revised to include the following:

All revenue directly generated by this contract Attachment or earned as a result of this contract Attachment during the term of this contract Attachment is considered program income, including income generated through Medicaid billings for TB related clinic services. PERFORMING AGENCY may use the program income, excluding program income earned from Medicaid billings for TB drugs, to further the scope of work detailed in this contract Attachment. This program income may not be used to take the place of existing local, state, or federal program funds.

Program income earned from Medicaid billings for TB drugs, which have been provided by RECEIVING AGENCY to PERFORMING AGENCY, must be reported, and reimbursed to RECEIVING AGENCY on a quarterly basis as follows:

PERIOD COVERED	DUE DATE
September, October, November	December 31, 2005
December, January, February	March 31, 2006
March, April, May	June 30, 2006
June, July, August	September 30, 2006

RECEIVING AGENCY'S Program has provided PERFORMING AGENCY with the format to be used for reporting. All reimbursements from PERFORMING AGENCY shall be mailed to: Department of State Health Services, Attention: Accounting Section/Claims Processing Unit, 1100 West 49th Street, Austin, Texas 78756-3199.

A final settlement of the reimbursements to RECEIVING AGENCY for TB drugs will be completed no later than ninety (90) days after the contract Attachment term.

SECTION III. BUDGET:

PERSONNEL	\$129,942.00
FRINGE BENEFITS	26,552.00
TRAVEL	14,503.00
EQUIPMENT	0.00
SUPPLIES	2,025.00
CONTRACTUAL	4,950.00
OTHER	0.00
 TOTAL DIRECT CHARGES	 \$177,972.00
INDIRECT CHARGES	\$11,500.00
TOTAL	\$189,472.00

Total reimbursements will not exceed \$189,472.00.

Financial status reports are due the 30th of December, 30th of March, 30th of June, and the 30th of November.

The negotiated indirect cost shown above is less than PERFORMING AGENCY'S current indirect cost rate on file at the RECEIVING AGENCY and subject to review by RECEIVING AGENCY fiscal monitors. Indirect charges to this contract may not exceed the amount shown above, except by prior written approval of RECEIVING AGENCY.

CERTIFICATION REGARDING LOBBYING
CERTIFICATION FOR CONTRACTS, GRANTS,
LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-111, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Date

Print Name of Authorized Individual

7460020708 2006-09

Application or Contract Number

SAN ANTONIO METROPOLITAN HEALTH DISTRICT

Organization Name and Address

332 W COMMERCE ST STE 307

SAN ANTONIO, TX 78205-2489